

Case Number:	CM14-0113873		
Date Assigned:	08/01/2014	Date of Injury:	08/28/2009
Decision Date:	09/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified Family Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is presented with a reported industrial injury to the back on 8/28/2009, over five (5) years ago, attributed to the performance of his customary job tasks. The patient complains of lower back pain radiating to the bilateral lower extremities. The patient was diagnosed with lumbar spine DDD and left knee medial/lateral meniscus tears. The X-rays of the left foot revealed a fracture of the 5th proximal phalanx with arthropathy and osteopenia. The treatment plan included the prescription for the topical compounded creams Ketoprofen/Cyclobenzaprine/Lidocaine 120 gm and Flurbiprofen/Capsaicin/Menthol/Camphor 120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

FLURBIPROFEN/CAPSAICIN/MENTHOL/CAMPBOR 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines TOPICAL ANALGESICS; ANTI-INFLAMMATORY MEDICATIONS Page(s): 112-113; 22, 67-68.

Decision rationale: There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral medications. Only if the subjective/objective findings are consistent with the recommendations of the Official Disability Guidelines (ODG), then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of topical NSAIDs is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The use of the topical gels/creams does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate-noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder."Based on the medical records provided for review, there is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded spray. There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams/gels, however, there is no functional assessment, and no quantitative decrease in pain documented. The patient has not demonstrated to have any GI issue at all with NSAIDs. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The objective findings in the clinical documentation provided do not support the medical necessity for the continued prescription of for the treatment of chronic pain to the back and knees. Therefore, the request for Flurbiprofen/Capsaicin/Menthol/Camphor 120 gm is not medically necessary and appropriate.

KETOPROFEN/CYCLOBENZAPRINE/LIDOCAINE 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics; Anti-Inflammatory Medications Page(s): 112-113; 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: There is clinical documentation submitted to demonstrate the use of the topical gels for appropriate diagnoses or for the recommended limited periods. It is not clear that the topical compounded medications are medically necessary in addition to prescribed oral

medications. Only if the subjective/objective findings are consistent with the recommendations of the Official Disability Guidelines (ODG), then topical use of topical preparations is only recommended for short-term use for specific orthopedic diagnoses. The use of topical NSAIDs is documented to have efficacy for only 2-4 weeks subsequent to injury and thereafter is not demonstrated to be as effective as oral NSAIDs. There is less ability to control serum levels and dosing with the topicals. The use of the topical gels/creams does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of gels on areas that are not precise. The volume applied and the times per day that the gels are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of gels to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate-noting the specific comment, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder." Based on the medical records provided for review, there is no provided subjective/objective evidence that the patient has failed or not responded to other conventional and recommended forms of treatment for relief of the effects of the industrial injury. There is no provided rationale supported with objective evidence to support the prescription of the topical compounded spray. There is no documented efficacy of the prescribed topical compounded analgesics with no assessment of functional improvement. The patient is stated to have reduced pain with the topical creams/gels, however, there is no functional assessment, and no quantitative decrease in pain documented. The patient has not demonstrated to have any GI issue at all with NSAIDs. There is no demonstrated medical necessity for topical NSAIDs for chronic pain for a prolonged period. There is no documented objective evidence that the patient requires both the oral medications and the topical analgesic medication for the treatment of the industrial injury. The objective findings in the clinical documentation provided do not support the medical necessity for the continued prescription of for the treatment of chronic pain to the back and knees. Therefore, the request for Ketoprofen/Cyclobenzaprine/Lidocaine 120 gm is not medically necessary and appropriate.